

Meng Whee Bros Motor Service

BLK 10 ANG MO KIO IND PARK 2A #05-25

AMK AUTOPPOINT SINGAPORE 568047

TEL:64846330 FAX:64846331

M/S:

AXA

Attn Motor Claim Dept

Final b/M

Veh No : SJY8524C

INVOICE NO:

55040

Date : 17/8/2018

DESCRIPTION	UNIT PRICE	AMOUNT
Lump sum repair cost		\$14,500.00
Loss of use \$100x 15days		\$1,500.00

Issue by:

ivan teo

Total:

\$16,000.00


AUTHORISATION TO ACT

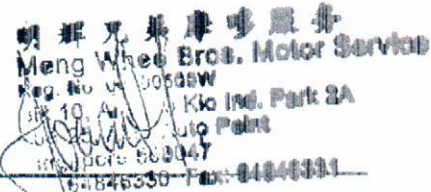
I/We WONG DEH EN ("the third party claimant") of B11C 12S 418HAW 87 11 # 05-398 S(76425) (address), owner of SJY 8524C (vehicle no.) hereby authorize MENG WHEEL BROS MOTOR SERVICE ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. SJY 8524C that was damaged pursuant to the accident which occurred 13/02/2015 (date) along PTE TOWARDS CHANGI (location) involving vehicle no/s EK 5673H ("the accident").

I/We further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 19 (day) of April (month) 2015 (year)


 Signed by "the third party claimant"
 (with chop if applicable)


 Meng Wheel Bros. Motor Service
 Reg. No. U 00609W
 10, Av. Kio Ind. Park 2A
 Singapore 600047
 Tel: 6746330 Fax: 6744331
 Signed by "the workshop"
 (with chop)



redefining insurance

CLAIM REF : C032129
INSURED : QUEK SHUN KEAT

DISCHARGE VOUCHER

We/I, WONG DEH EN, NRIC NO. S7065054A hereby agree to accept the sum of dollars SIXTEEN THOUSAND ONLY (S\$16,000.00) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their insured or the driver of motor vehicle no. EK 5673H as a result of an accident along PIE TOWARDS CHANGI on 13/02/2015 of which we/I were/was the driver/ owner/ hirer/ passenger/ rider/ pillion/ insurer of motor vehicle no. SVY 8524C.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said insurer, owner and/or driver of vehicle no. EK 5673H in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. EK 5673H.

Dated this _____ day of _____ 2018

Claimant's Signature :

NRIC no./ Company Stamp :

Occupation/ Business :

Address :

Telephone No. :

Witness's Name :

Witness's Signature :

Witness's NRIC No. :